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## BIB DATA SHEET

CONFIRMATION NO. 3599

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/719,374	11/21/2003	600	3626	PHUS020537		
<b>RULE</b>						
<b>APPLICANTS</b> Helen Routh, New York, NY; Adrian Warner, Bothell, WA; Kevin Bradley, Bothell, WA; Earl Canfield, Snohomish, WA;						
<b>** CONTINUING DATA *****</b> This appin claims benefit of 60/432,065 12/09/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/08/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/VALERIE LUBIN/ Examiner's Signature	Initials	NY	3	29	4
<b>ADDRESS</b> PHILIPS MEDICAL SYSTEMS PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3003 22100 BOTHELL EVERETT HIGHWAY BOTHELL, WA 98041-3003 UNITED STATES						
<b>TITLE</b> Distributed medical imaging system and method						
<b>FILING FEE RECEIVED</b> 1148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		